

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 151
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 30217 Crook Rd		Amount 27.50	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 1fc5f930-e793-4f53-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1051457.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 30217 Crook Rd		Amount 17.40	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 9a5d6da1-d10f-4643-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1051457.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 24 / 2014

Signature